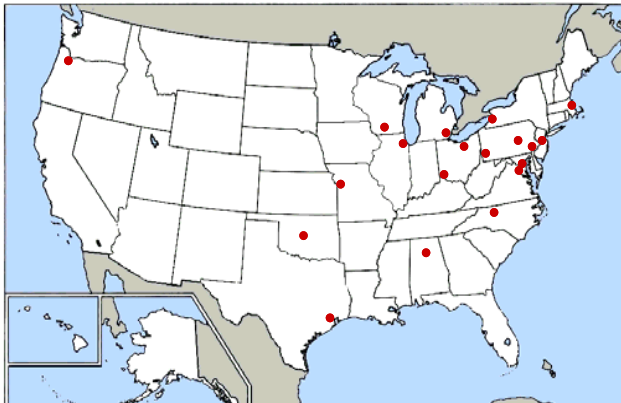


*National Collaborative Sites *

University of Alabama
Birmingham, AL
Children's National Medical Center
Washington, DC
Alfred I. DuPont Hospital for Children
Wilmington, DE
Children's Memorial Hospital
Chicago, IL
Johns Hopkins Children's Center
Baltimore, MD
Children's Hospital
Boston, MA
Children's Hospital of Michigan
Detroit, MI
Children's Mercy Hospital and Clinics
Kansas City, MO
Women and Children's Hospital of Buffalo
Buffalo, NY
Wake Forest University School of Medicine
Winston-Salem, NC
Akron Children's Hospital
Akron, OH
Cincinnati Children's Hospital Medical Center
Cincinnati, OH
Univ. of Oklahoma Health Science Center
Oklahoma City, OK
Oregon Health and Science University
Portland, OR
Penn State Hershey Medical Center
Hershey, PA
Children's Hospital of Philadelphia
Philadelphia, PA
Children's Hospital of Pittsburgh
Pittsburgh, PA
Texas Children's Hospital
Houston, TX



Randomized Intervention for Children with Vesicoureteral Reflux (RIVUR)

Sponsored by:

**National Institute of Diabetes and
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Version Date 8/27/08

RIVUR
Randomized Intervention for
Children with Vesicoureteral Reflux

**Randomized Intervention
for Children with
Vesicoureteral
Reflux (RIVUR)**

**Patient
Informational
Pamphlet**

A Research Study
funded by
The National Institute of
Diabetes and Digestive and
Kidney Diseases



Understanding the use of Antibiotics in Treating Vesicoureteral Reflux in Children



Vesicoureteral reflux (VUR) is a condition in which urine goes up from the bladder into the ureters during urination. VUR is found in 30-50% of children who have had a urinary tract infection (UTI), and is thought to increase the risk of kidney damage when children have recurrent UTIs. Currently, children who are found to have VUR after a UTI are treated with a small daily dose of antibiotics (often for several years) in order to prevent recurrent UTIs and kidney damage. However, there have been no well-designed research studies to show that this practice is necessary in all children with vesicoureteral reflux.

All children in the RIVUR study will be closely monitored for urinary infections and kidney health. The study team will provide participant families with educational materials about VUR and UTIs, and will stay in close contact through phone calls and study visits.

The RIVUR study has the potential to help us understand how to provide the best care for the tens of thousands of children who are diagnosed each year with VUR and UTI.



Enrollment Requirements



In order to screen your child for this study, **Your child must:**

- Be at least 1 month, but less than 6 years old,
- Have had a first or second urinary tract infection within 16 weeks of the first study visit
- Have vesicoureteral reflux as diagnosed by a voiding cystourethrogram (VCUG).

Your child cannot have:

- Other serious health problems,
- Allergy to trimethoprim-sulfamethoxazole, the antibiotic used in the study.

Frequently Asked Questions



Is there a cost involved?

Your health insurance or the RIVUR study will cover most expenses. You will be reimbursed up to \$150 for your time and travel expenses.

Where do the study visits take place?

Your child will be seen at a study hospital or doctor's office near you. The study has 22 sites around the USA and in Toronto.

What is involved?

Participants will receive a diagnostic evaluation, complete kidney imaging tests, urine and blood tests. Your child will be placed into one of two treatment groups (active antimicrobial prophylaxis or placebo). All results and information are kept confidential.

After the enrollment visit, we will provide your child with study medication.

Follow-up will include telephone calls every 2 months, and 4 clinic visits (at 6 months, 12 months, 18 months and 24 months) over 2 years .

Flexible appointments available.